



EXCELSIOR COMMUNITY COLLEGE

STUDENT APPLICATION FORM

Updated Scanned

Receipt No.: _____

START DATE: SEPTEMBER _____
 JANUARY _____

**PLEASE READ CAREFULLY BEFORE COMPLETING THIS FORM.
(NB. YOU SHOULD WRITE CLEARLY IN INK USING BLOCK CAPITALS.)**

PERSONAL DATA

1. FIRST NAME				2. MIDDLE NAME (S)				
3. SURNAME				4. MAIDEN SURNAME [Family name at birth]				
5. AGE	6. DATE OF BIRTH		7. MARITAL STATUS -		Tick the appropriate box:		8. GENDER	
	DD	MM	YY	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	Married <input type="checkbox"/>	Widowed <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>
9. NATIONALITY: _____				12. RELIGION: _____				
10. COUNTRY OF BIRTH: _____				13. DENOMINATION: _____				
11. NATIVE LANGUAGE: _____								
14a. TAX REGISTRATION NUMBER (TRN): _____				14b. PATH: NO <input type="checkbox"/> YES <input type="checkbox"/> PATH# _____				

CONTACT INFORMATION

15. PERMANENT ADDRESS				16. TELEPHONE NUMBERS			
NUMBER & STREET NAME (DISTRICT)				HOME:			
NUMBER & STREET NAME (DISTRICT) LINE 2				WORK:			
TOWN/CITY/PARISH				CELL:			
COUNTRY				17. E-MAIL ADDRESS			

18. ADDRESS WHILE AT COLLEGE (if different from above)				19. TELEPHONE NUMBERS			
NUMBER & STREET NAME (DISTRICT)				HOME:			
NUMBER & STREET NAME (DISTRICT) LINE 2				WORK:			
TOWN/CITY/PARISH				CELL:			
COUNTRY							

EMERGENCY CONTACT

20. FIRST NAME				21. SURNAME			
22. RELATIONSHIP				24. TELEPHONE NUMBERS			
NUMBER & STREET NAME (DISTRICT)				HOME:			
NUMBER & STREET NAME (DISTRICT) LINE 2				WORK:			
TOWN/CITY/PARISH				CELL:			
COUNTRY				25. E-MAIL ADDRESS			

PROGRAMME

26. PROGRAMME TO WHICH APPLICATION IS MADE:				27a. MODE OF STUDY:			
Programme 1st Option: _____				Day <input type="checkbox"/>			
Programme 2nd Option: _____				Evening <input type="checkbox"/>			
28. CAMPUS:				Week-End <input type="checkbox"/>			
Mountain View <input type="checkbox"/>		Deanery Road <input type="checkbox"/>		Camp Road <input type="checkbox"/>		Modular <input type="checkbox"/>	
Eureka Road <input type="checkbox"/>		St. Thomas (Wesley Grove) <input type="checkbox"/>					
29. Intended length of stay at this Institution: _____				27b. PREFERRED DELIVERY MODE			
Year(s) <input type="checkbox"/> Month(s) <input type="checkbox"/>				Face-to-face <input type="checkbox"/>			
30. Were you previously a student at this College? Yes [] No []				Online <input type="checkbox"/>			
If YES: School/Faculty: _____				Hybrid <input type="checkbox"/>			
Programme: _____				I.D. No.: _____			
Year Started: _____							

ACADEMIC RECORD

31. EDUCATIONAL EXPERIENCE:(LIST THE NAMES OF THE INSTITUTIONS YOU HAVE ATTENDED)

INSTITUTION(S) :	DATE (S) :				PROGRAMME/COURSE	TYPE/LEVEL OF AWARD
	From		To			
	Mth.	Year	Mth.	Year		

32. ACADEMIC RECORD:

NOTE: ALL DOCUMENTS SUBMITTED TO THE ENROLMENT OFFICE BECOME THE PROPERTY OF EXCELSIOR COMMUNITY COLLEGE AND WILL NOT BE RETURNED TO APPLICANT OR FORWARDED TO ANOTHER INSTITUTION.

RESULTS KNOWN				RESULTS AWAITING		
SUBJECT(S) /CERTIFICATES	LEVEL(S) (eg. CSEC, CAPE, Certificate)	YEAR	GRADE	SUBJECT(S)	LEVEL(S) (eg. CSEC, CAPE, Certificate)	YEAR

33. CO-CURRICULAR ACTIVITIES OF INTEREST:

34. ACHIEVEMENTS:

35. INTENDED CAREER: _____

36. DO YOU HAVE ANY PHYSICAL DISABILITIES? Yes No If Yes, please SPECIFY _____

SOURCE OF FUNDING

- | | |
|---|--|
| <p>36.</p> <p>SELF <input type="checkbox"/></p> <p>PARENT <input type="checkbox"/></p> <p>STUDENTS' LOAN BUREAU (SLB) <input type="checkbox"/></p> <p>PRIVATE LOAN <input type="checkbox"/></p> <p>SCHOLARSHIP: SPECIFY _____ <input type="checkbox"/></p> <p>SPONSOR: <input type="checkbox"/></p> <ul style="list-style-type: none"> • PRIVATE: SPECIFY _____ • GOVERNMENT: SPECIFY _____ | <p>NATIONAL YOUTH SERVICE <input type="checkbox"/></p> <p>PATH <input type="checkbox"/></p> <p>JAMVAT <input type="checkbox"/></p> <p>OTHER (PLEASE SPECIFY) _____</p> |
|---|--|

37. ARE YOU AN ECC STAFF MEMBER? Yes No

38. ARE YOU A DEPENDENT OF AN ECC STAFF MEMBER? Yes No STATE RELATIONSHIP: _____

FOR PARENTS/GUARDIAN/NEXT OF KIN

39. THIS CERTIFIES THAT I AM PARTIALLY / WHOLLY RESPONSIBLE FOR _____
WHILE HE/SHE IS ATTENDING THE COLLEGE AND WILL BE FINANCIALLY RESPONSIBLE FOR HIS/HER EXPENSES.

_____ PRINT NAME _____ RELATIONSHIP _____ SIGNATURE _____ DATE _____

ADDITIONAL INFORMATION

40. WORK EXPERIENCE:

EMPLOYED TO: COMPANY'S NAME: _____
 PUBLIC SECTOR YEARS EMPLOYED TO THE COMPANY: _____
 PRIVATESECTOR POSITION HELD: _____
 SELF EMPLOYED

41. FUTURE PLANS:

PLEASE SELECT YOUR EDUCATIONAL GOAL(S):

- CERTIFICATE PROGRAMME
- ASSOCIATE DEGREE PROGRAMME
- BACHELOR'S DEGREE PROGRAMME
- OBTAIN KNOWLEDGE FOR PERSONAL INTEREST
- TRAIN FOR NEW CAREER BY TAKING SELECTED COURSES
- UPGRADE SKILLS FOR CURRENT JOB

42. HOW DID YOU OBTAIN INFORMATION ABOUT ECC?

RADIO ADVERTISEMENT INTERNET EMPLOYEE OF ECC CAMPUS VISIT
TELEVISION FAMILY ALUMNI _____
NEWSPAPER FRIEND CURRENT STUDENT OTHER _____

SOCIAL MEDIA PLEASE SPECIFY _____

DECLARATION

I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE.

APPLICANT'S SIGNATURE

DATE

**THIS FORM IS TO BE COMPLETED AND RETURNED TO THE ENROLMENT OFFICE
ALONG WITH DOCUMENTS LISTED BELOW.**

FOR OFFICE USE ONLY

RECEIVED

- ORIGINAL & ONE (1) COPY OF EXAMINATION RESULTS
- ORIGINAL & ONE (1) COPY OF BIRTH CERTIFICATE
- ORIGINAL & ONE (1) COPY OF DEED POLL (WHERE APPLICABLE)
- TWO (2) RECENT PASSPORT SIZE PICTURES (NAME, DEPARTMENT & YEAR WRITTEN ON BACK)
- ONE CHARACTER REFERENCE LETTER (FROM THE LAST SCHOOL ATTENDED OR CURRENT EMPLOYER OR MINISTER OF RELIGION OR JUSTICE OF THE PEACE)
- ORIGINAL & ONE (1) COPY OF TAXPAYER REGISTRATION NUMBER (TRN)
- ORIGINAL & ONE (1) COPY OF MARRIAGE CERTIFICATE (WHERE APPLICABLE)
- TWO (2) REFERENCE FORMS **FOR NURSING** (FROM THE LAST SCHOOL ATTENDED OR CURRENT EMPLOYER OR MINISTER OF RELIGION OR JUSTICE OF THE PEACE)
- APPLICATION FEE _____ (NB.APPLICATION FEE IS NON-REFUNDABLE)

Enrolment Officer

Date

FOR OFFICIAL USE ONLY

K-13 **YES**

NO

PATHWAYS: **ONE**

TWO

THREE

TYPE OF ACCEPTANCE

FULL ACCEPTANCE

CONDITIONAL ACCEPTANCE

MATURE ENTRY

SUMMARY OF QUALIFICATIONS:

.....
.....

RECOMMENDATIONS.....

.....
.....

I agree to meet the full requirements for matriculation before the start of the next academic year.

APPLICANT'S NAME [PRINT NAME]

SIGNATURE

DATE

COMMENTS.....

.....
.....

EVALUATED BY [PRINT NAME]

SIGNATURE

DATE

REGISTRAR'S SIGNATURE (WHERE APPLICABLE)

DATE